

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114711

FILED
Apr 24, 2009
Secretary of State

Entity Name: CARITAS WOMANCARE, INC.

Current Principal Place of Business:

240 N WICKHAM ROAD
SUITE 104
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

110 LONGWOOD AVENUE
P O BOX 565002
ROCKLEDGE, FL 32955

New Mailing Address:

110 LONGWOOD AVENUE
P O BOX 565002 MS75
ROCKLEDGE, FL 32955

FEI Number: 20-0304593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WUESTHOFF FAMILY PHYSICIANS
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WUESTHOFF FAMILY PHYSICIANS
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDIA KIRKLAND BARRIE

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date